

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013767

STATE FILE NUMBER

FILED APR 29 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 219

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, give TOWNSHIP only) Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		Length of stay in lb 4 Years	d. STREET ADDRESS (If outside, give location) 124 North Wall		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Primus Middle Sidney Last Norman			4. DATE OF DEATH Month April Day 19 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 24 1880		9. AGE (In years at birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanical Engineer		10b. KIND OF BUSINESS OR INDUSTRY Steel	11. BIRTHPLACE (City and state or country) Osteshem, Sweden		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME No Record		13b. MOTHER'S MAIDEN NAME No Record		14. NAME OF HUSBAND OR WIFE Mrs. Mildred Norman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 511-10-1062		17. INFORMANT Mildred Norman Address Joplin, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (1) Coronary Occlusion with Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (2) Arteriosclerotic Heart Disease DUE TO (c) (3) Hypertension					INTERVAL BETWEEN ONSET AND DEATH 1-31-59 Unknown Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Joplin,	
				COUNTY Jasper, STATE Missouri	
21. I attended the deceased from 1-31-59 to 4-19-59 and last saw him alive on 4-19-59 Death occurred at 12:40 P. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. R. Kuhn, Jr., M.D.		22b. ADDRESS 321 Frisco Bldg., Joplin, Mo.		22c. DATE SIGNED 4-21-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Apr 22 1959		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	
				23d. LOCATION (City, town, or county) (State) Tulsa Okla.	
24. FUNERAL DIRECTOR Hurlbut-Glover Mortuary, Joplin		25. DATE REC'D. BY LOCAL REG. 4-22-59		26. REGISTRAR'S SIGNATURE Dove Merriam	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MS FEB 17 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Dale Glover*

4593
; Licensed Embalmer No.

P. O. Address *Doplex*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.